## PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 OCT 2 6 2004 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax TRUCTIONS Phis form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate Appr CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 07/20/2004 Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Eastman Chemical Resins, Inc. P.O. Box 511 Kingsport, TN 37662 10/27/2004 WABDELR3 00000080 050221 09734156 Jodi. Owenby (Depositor's name) 01 FC:1501 1370.00 DA (Signature) 02 FC:1504 300.00 DA **400** (Date 30.00 DA 03 FC:8001 FIRST NAMED INVENTOR CONFIRMATION NO. APPLICATION NO. FILING DATE ATTORNEY DOCKET NO 09/734,156 12/11/2000 Daniel Klosicwicz 1009-7 TITLE OF INVENTION: THERMALLY POLYMERIZED COPOLYMERS MADE FROM STYRENE AND DICYCLOPENTADIENE MONOMERS ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY 10/20/2004 \$1630 NO \$1330 \$300 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS LIPMAN, BERNARD 1713 526-087000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Polly C. Owen (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 Bernard J. Graves, Jr. (2) the name of a single firm (having as a member a X "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Number is required. Under separate cover listed, no name will be printed.

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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⅓ Issue Fee	☐ A check in the amount of the fee(s) is enclosed.			
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(Date) 10/20/04

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